

State of California—Health and Welfare Agency
HAZARDOUS WASTE MANAGEMENT BRANCH
714 744 P Street
Sacramento, CA 95814

NOV. 13, 1984
UNIFORM HAZARDOUS WASTE MANIFEST

Department of Health Services
Shipper 13254
P.O.# 2310

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER 83410821

GENERATOR NAME AND MAILING ADDRESS

ANZON COMPANY (NEL)
12326 Denholm Drive
W1 Monte, CA 91734

AREA CODE PHONE NUMBER

818/443-8861

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA0009534231

TRANSPORTER NO. 1

OMEGA CHEMICAL CORP.
12504 E. Whittier Blvd.
Whittier, CA 90602

VEH CONTAINER NO

EPA ID NUMBER

C A D0 4 2 245 0 01

TRANSPORTER NO. 2 ALTERNATE TSD FACILITY

VEH CONTAINER NO

EPA ID NUMBER

TREATMENT STORAGE OR DISPOSAL (TSD) FACILITY

OMEGA CHEMICAL CORP.

EPA ID NUMBER

AREA CODE PHONE NUMBER

213/698-0991

C A D0 4 2 245 0 01

PROPER U.S. DOT SHIPPING NAME AND HAZARD CLASS

UN NA
NUMBER

TOTAL
QUANTITY

UNIT
WT VOL

CONTAINER
NO TYPE

WASTE
CAT NO METH

WASTE 1,1,1 TRICHLOROETHANE - ORM-A

U N 2831

11.08

G

0 2 DM 2 11 01

COMPONENTS

CONC RANGE
UPPER LOWER

UNITS
% PPM

Trichloroethane
oil

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

MARGOT JEXEN, Margot Jexen

MO DAY YR
11 15 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

ISAAC Woods Jr Isaac Woods Jr

DATE
REC'D
&
ACCEPTED

MO DAY YR
11 15 84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO DAY YR
11 15 84

DISCREPANCY INDICATION SPACE

Facility owner or operator. Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

STEVE SIMPSON Steve Simpson

EPA ID NUMBER

C A D0 4 2 245 100 11

DATE RECEIVED & ACCEPTED

MO DAY YR
11 15 84